



## **Fee Assistance Program**

Thank you for your interest in the City of Wilmington Parks and Recreation Fee Assistance Program. It is our desire no child is excluded from an opportunity to participate in programs due to financial circumstances. Unfortunately, we cannot guarantee fee assistance to everyone who applies; assistance is awarded on a first come first served basis.

### **Requirements for fee assistance:**

You must be a resident of the City of Wilmington and provide documentation of one of the following:

- ☐ Verification of receiving SSI, Medicaid, Food stamps
- ☐ Verification subsidized housing

### **How to apply for Fee Assistance:**

Complete a fee assistance form, activity registration form, attach supporting documentation, and submit to one of the City's two community centers:

#### **MLK Community Center**

401 S. 8<sup>th</sup> Street

Wilmington, NC 28401

910 341-7866

Mary Jones, Recreation Supervisor

[mary.jones@wilmingtonnc.gov](mailto:mary.jones@wilmingtonnc.gov)

Cliff Barnett, Recreation Coordinator

[Cliff.Barnett@wilmingtonnc.gov](mailto:Cliff.Barnett@wilmingtonnc.gov)

#### **Derick Davis Center @ Maides Park**

1101 Manly Avenue

Wilmington, NC 28405

910.341.7867

Helen Dowd, Recreation Supervisor

[Helen.dowd@wilmingtonnc.gov](mailto:Helen.dowd@wilmingtonnc.gov)

Ryan Brill, Recreation Coordinator

[Ryan.Brill@wilmingtonnc.gov](mailto:Ryan.Brill@wilmingtonnc.gov)



## Fee Assistance Application

### INCOMPLETE APPLICATION WILL NOT BE REVIEWED

Be sure to attach proof of residency and all supporting documentation

Completion of this application does not guarantee assistance. Assistance will be awarded based on eligibility and available space.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Daytime Phone) \_\_\_\_\_

Email Address: \_\_\_\_\_

### WHICH PROGRAM WOULD YOU LIKE FOR YOUR CHILD TO ATTEND?

*Fee assistance applications will only be accepted during a program's registration.*

#### After School Programs

*Select location*

☐ Maides Park

☐ Martin Luther King Community Center

#### Athletics /Other Program

*Select location*

☐ Basketball (indicate league below)

\_\_\_\_\_

☐ Other Program (indicate below)

\_\_\_\_\_

*Please do not write below this line*

Date application received \_\_\_\_\_ ☐ approved ☐ declined

Date information put in household comments in Rec Trac: \_\_\_\_\_

Signature \_\_\_\_\_

Recreation Supervisor

\_\_\_\_\_

Date